

Health Service has been deeply involved in the AIDS crisis from the start. In the past 5 years the PHS has made excellent progress in characterizing the disease, delineating the modes of transmission, and protecting our blood supply from contamination with the AIDS virus. Vigorous research into drug therapy and vaccine development continues, and the drug azidothymidine (AZT) is being made available to thousands of people with AIDS who may benefit from this treatment.

Much remains to be done to stop this epidemic, and the Public Health Service will continue to work together with all elements of public and private sectors and use all our joint resources to the fullest to eradicate AIDS.

My report on AIDS is a document that people should read. It provides—in layman's terms—detailed information about AIDS, how the disease is transmitted, the relative risks of infection, and how to prevent infection. Copies of the "Surgeon General's Report on Acquired Immune Deficiency Syndrome" are available from Post Office Box 14252, Washington, DC 20044.

C. Everett Koop, MD, ScD
Surgeon General

National Center for Nursing Research Is Ready for Action at NIH

The National Center for Nursing Research (NCNR) was authorized under the Health Research Extension Act of 1985 (Public Law 99-158), and on April 18, 1986, Secretary Otis R. Bowen of the Department of Health and Human Services announced its establishment at the National Institutes of Health (NIH). The conference report accompanying Public Law 99-158 articulates an anticipation that the programs of the NCNR will be directed primarily toward basic and applied research related to patient care, the promotion of health, the prevention of illness, and the understanding of individual family and community responses to acute and chronic illness and disability. Patient care research may also address ethical and public policy concerns that will have a profound effect on the delivery of patient care.

The organization of the NCNR reflects its mission. There is one Division of Extramural

Programs which is divided into four branches. Three branches are primarily concerned with the conduct of research. The fourth is a review branch responsible for the initial scientific and technical evaluation of applications for research career development and special programs support.

The Health Promotion and Disease Prevention Branch is under the leadership of Deidre M. Blank, RN, DSN. It is responsible for implementing the focus on basic and applied research as it affects the promotion of health and the prevention of illness. Dr. Blank describes research in the area as being designed to decrease the vulnerability of individuals and families to illness or disability across the lifespan. Specifically, health promotion research addresses the general health of the population and is not directed at any particular illness or disability. Studies which promote health, for example, might consider, but not be limited to, nutritional requirements suggested for the various developmental stages or phases of life, the need for optimal human development, and the relationship between biomedical and behavioral dimensions of human health.

Disease prevention research, on the other hand, normally includes measures which are applicable to a particular illness or disability and attempts to intercept their onset. Studies which promote specific protection of individuals and families would include, but not be limited to, the identification of biomedical, behavioral, environmental, and epidemiologic factors and the development or refinement of methods that enhance the abilities of individuals and families to respond to actual or potential problems.

The Acute and Chronic Illness Branch is the responsibility of Patricia McCormick, RN, PhD, who describes research in this area as dealing broadly with responses to acute and chronic illness and disability across the lifespan. The branch considers biomedical, behavioral, environmental, and epidemiologic factors that contribute to the causes, prevalence, amelioration, and remediation of illness and disability. Some examples would include, but not be limited to, adaptation to and functioning in chronic illnesses such as arthritis, diabetes, hypertension, and renal disease; technological developments and rehabilitation therapy; adherence to therapeutic regimens; epidemiologic factors in disability; nursing interventions, including physical, behavioral, and educational interven-

tion; biochemical factors and changes; and biomedical, behavioral, cognitive, and perceptual responses to illness or disability.

The third branch, Nursing Systems and Special Programs, is under the supervision of Harriet D. Carroll. This research addresses the environment in which nursing care is delivered. Included in this area are investigations of promising approaches to nursing management and nursing care delivery. Examples include comparisons of the outcomes of home care, long-term care, and hospital care and identifying the mechanisms responsible for different outcomes; studies of innovative approaches to delivery of nursing care in nursing homes, including investigation of alternatives to nursing home care; factors underlying the quality of nursing care; assessment of the cost of providing nursing care; development of models of collaboration of nurses and physicians and other members of the health team; and issues surrounding the application of prospective payment and the provision of nursing care. This branch also is responsible for investigations involving ethical issues related to patient care and patient care research such as issues of death and dying, transplantation, prolongation of life, and ethical decisionmaking by nurses with other members of the health team, the patient, and parents.

Because modern nursing practice contributes not only to hasten the recovery of sick people but also seeks to provide the knowledge and personal support that will promote a healthy lifestyle and a sensitivity to community, family, and individual responsibility for health maintenance, nursing science is a highly visible instrument of social progress. In all of these areas, the development of approaches to achieve maximum sensitivity of the individual to the importance of personal choices and habits in the maintenance of good health will be emphasized. Because professional nurses, particularly public health nurses, are more likely to have continuing contact with the most vulnerable populations in terms of health and welfare, research is needed to develop new knowledge that will contribute to increased awareness of at-risk individuals about the power they have over their own destiny.

Nursing systems alone cannot achieve this goal. Good health is more likely to be present where the total community is committed to promoting those habits and behavior that lead to optimum health status. Thus, program development concerned with

health and behavior must be sensitive to the role of public education and the home and work environments in the promotion and maintenance of good health. NCNR will consider these parameters and work to develop its health promotion and behavior initiative and its basic research in the acute and chronic illness care arena.

In the Senate's appropriation language for fiscal 1986, the Appropriations Committee encouraged initiatives to develop collegial activities with the other Institutes and existing centers for biomedical research such as arthritis centers, maternal-fetal centers, special centers for research, and hypertension and diabetes research and training centers. The NCNR welcomes this encouragement and is emphasizing research training and research activities which will complement the research programs primarily concerned with the causes and therapy of disease that are supported by the other NIH Institutes.

The field for activity for the NCNR is broad and exciting. As programs develop, we expect the results of nursing science research to influence every possible aspect of patient care, to enhance the translation of laboratory results and therapeutic modalities to the care of the patient, and to assist in reducing the huge emotional and economic toll imposed by illness by preventing disease and hastening recovery, and, most important of all, maintaining good health.

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